



NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to NorthPaws Veterinary Center. Our mission is to provide our clients and their pets with the very best veterinary health and wellness care. So we may provide you with exceptional service, please take a few minutes to share information about you and your pet. Thank you!

PATIENT INFORMATION

PET'S NAME: _____ Sex: Male Female Neutered or Spayed: Yes No

SPECIES: Dog Cat Other _____ BREED: _____

COLOR: _____ PET'S DATE OF BIRTH (mm/dd/yy): _____

REASON FOR BRINGING PET IN: _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

What type of food does your pet eat? _____ Amount? _____ How often? _____

What is the date of your pet's last Rabies vaccination? _____ Rabies tag number: _____

Who was your previous veterinarian / animal hospital? _____

Are there any other pets in the household? Dog Cat Bird Rabbit Ferret Reptile Other _____

CLIENT INFORMATION

FIRST NAME: _____ LAST NAME: _____

SPOUSE FIRST NAME: _____ SPOUSE LAST NAME: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Cell Work Extension: _____

Secondary Phone: _____ Home Cell Work Extension: _____

Tertiary Phone: _____ Home Cell Work Extension: _____

E-MAIL ADDRESS: _____ → (Help us Go Green by using digital communications!)

Employer: _____ Address: _____

Emergency Contact: _____ Phone Number: _____

For check writing privileges, please provide your Driver's License Number: _____ Exp. Date: _____

How Did You Hear About Us?

- Referred by friend If so, whom may we thank? _____
- Referred by veterinarian If so, whom may we thank? _____
- Drove by Brochure Previous Client Website (www.northpaws.com) Other: _____

The staff of NorthPaws Veterinary Center may, on occasion, obtain images of patients that we wish to use for education and/or entertainment purposes. I, the undersigned, authorize the release and use of photographs of the above mentioned pet on the website of NorthPaws Veterinary Center, in print media, on a brochure, and/or on social media outlets. I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information. _____ (Initial)

AUTHORIZATION

By signing this form, I assume responsibility for all charges incurred in the care of this animal. I understand that these charges are to be paid at the time of patient release, and that a deposit may be required for treatment, surgery, and/or hospitalization. (For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express, and Care Credit.) I agree to pay a monthly billing and financing fee equal to 1.5% of any unpaid balance. I authorize the veterinarians of NorthPaws Veterinary Center to examine, prescribe for, and treat the above described patient.

SIGNATURE OF OWNER: _____ DATE: _____